

NOAA DIVING PROGRAM REPORT OF PHYSICAL EXAMINATION

TO BE COMPLETED BY APPLICANT - PLEASE PRINT CLEARLY

1. Last Name	First Name	Middle Name	2. Date of Birth	3. Date of Exam	4. Age
5. Home Address			a. Home Telephone Number:		
			b. E-mail:		
6. Work Address		a. Work Telephone Number:		7. Type of physical examination:	
		b. E-mail:		<input type="checkbox"/> Initial exam <input type="checkbox"/> Periodic exam	
		c. Cell:			

TO BE COMPLETED BY EXAMINING MEDICAL PROVIDER (MD/DO/NP/PA ONLY) -

8. Sex	9. Height (inches)	10. Weight (pounds)	11. Temperature (F)	3. Blood Pressure:
			12. Pulse	1st: Systolic: _____ Diastolic: _____
				2nd: Systolic: _____ Diastolic: _____
				3rd: Systolic: _____ Diastolic: _____
14. Distant Vision		15. Near Vision		
Right 20/ _____ Corrected to 20/ _____		Right 20/ _____ Corrected to 20/ _____ by _____		
Left 20/ _____ Corrected to 20/ _____		Left 20/ _____ Corrected to 20/ _____ by _____		
Contact lens use: <input type="checkbox"/> Yes <input type="checkbox"/> No				

General Clinical Evaluation (Each item must be checked in the appropriate column.)

	Normal	Abnormal	40. Remarks (Describe abnormality in detail with dates and by number.)
16. Head, face, and scalp			
17. Neck			
18. Eyes			
19. Fundus			
20. Ears - General (internal/external canals)			
21. Eustachian tube function (Val Salva)			
22. Tympanic membranes			
23. Nose (septal alignment)			
24. Sinuses			
25. Mouth and throat			
26. Dental (Loose/missing teeth, malformation, etc.)			
27. Lungs and chest (including breasts)			
28. Heart (thrust, size, rhythm, sounds)			
29. Pulses (equality, etc.)			
30. Vascular system (varicosities, etc.)			
31. Abdomen and viscera			
32. Hernia (all types)			
33. Endocrine system			
34. External genitalia (genitourinary)			
35. Feet (arch, pes cavus/planus)			
36. Spine			
37. Skin, lymphatics			
38. Anus and rectum (hemorrhoids, fistula)			
39. Sphincter tone			

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Neurologic Examination (Each item must be completed.)

41. Sensorium (Consciousness/intellectual/cognitive function): _____

42. Cranial Nerves:

I Olfactory _____	VII Facial _____
II Optic _____	VIII Auditory _____
III Oculomotor _____	IX Glossopharyngeal _____
IV Trochlear _____	X Vagus _____
V Trigeminal _____	XI Spinal Accessory _____
VI Abducent _____	XII Hypoglossal _____

43. Reflexes

Deep Tendon (Grade 0-4+, 2+ = normal)

	Left	Right
Triceps	_____	_____
Biceps	_____	_____
Patella	_____	_____
Achilles	_____	_____

Pathological (+/- = presence/absence)

	Left	Right
Babinski	_____	_____
Hoffman	_____	_____
Ankle Clonus	_____	_____

Superficial (+/- = presence/absence)

Upper Abdomen	_____
Lower Abdomen	_____
Cremasteric	_____

44. Cerebellar Function

Normal Abnormal

_____	_____	Ataxia
_____	_____	Tremor (intention)
_____	_____	Finger to nose
_____	_____	Heel to shin slide
_____	_____	Romberg sign

45. Proprioception/Stereognosis

(+/- = presence/absence)

	Right	Left	
_____	_____	_____	Joint position sense
_____	_____	_____	Vibratory sensations
_____	_____	_____	Agnosia (ability to recognize objects by touch)

46. Sensations (+/- = presence/absence)

Hot/cold	_____	_____
Sharp/dull	_____	_____
Two point discrimination	_____	_____

47. Nystagmus (+/- = presence/absence)

End point (physiologic) _____

Pathological _____

48. Muscle Strength (Grade 0-5, 5 = normal)

Left Right

_____	_____	Upper Body:
_____	_____	Deltoids
_____	_____	Latissimus
_____	_____	Biceps
_____	_____	Triceps
_____	_____	Forearms
_____	_____	Hands
_____	_____	Fingers

Left Right

_____	_____	Lower Body:
_____	_____	Hips
_____	_____	Flexion
_____	_____	Extension
_____	_____	Abduction
_____	_____	Adduction

Left Right

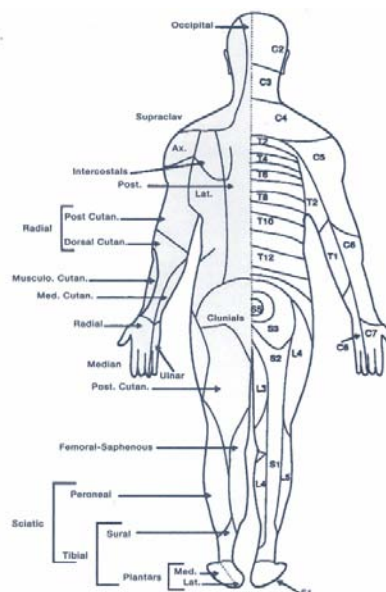
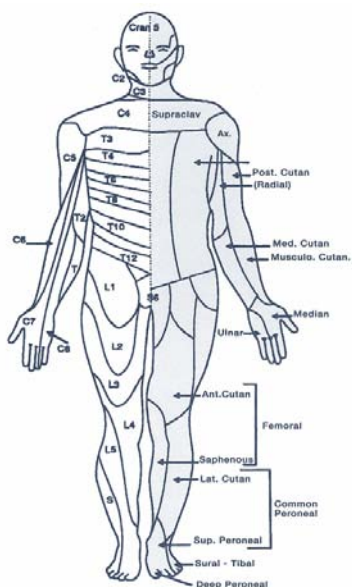
_____	_____	Knees:
_____	_____	Flexion
_____	_____	Extension
_____	_____	Ankles:
_____	_____	Dorsiflexion
_____	_____	Plantarflexion
_____	_____	Toes

49. Range of Motion

(+/- = normal.abnormal)

	Left	Right	
_____	_____	_____	Shoulders
_____	_____	_____	Elbows
_____	_____	_____	Wrists
_____	_____	_____	Hips
_____	_____	_____	Knees
_____	_____	_____	Ankles

50. Diagram and label areas of altered sensations, surgical and traumatic scars.



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51. All abnormal physical findings must be described in detail here by item number. Add additional pages if necessary.

52. Summarize abnormal findings.

53. Although NOAA reserves the final decision regarding fitness for duty as a diver, are there any further concerns related to this patient's fitness for diving?

54. a. Examiner. b. Name and Address of Examination Location. c. Telephone Number.

Print Name of Examiner

Examiner Signature
Title (MD/DO/NP/PA only):

55. Examiner's familiarity with diving medicine:

57. Examiner's familiarity with applicant:
☐ With this exam only
☐ Have seen several times in the past
☐ Regular health care provider for _____ years
☐ Other (describe):